

				Human Service Outcomes with PACHSA Comments – (blue text)						
HS Outcomes:	ID Indicators	DBHIDS ID Feedback	MH Indicators	DBHIDS MH Feedback	CYS Indicators	DBHIDS CYS Feedback	SA Indicators	DBHIDS SA Feedback	AAA Indicators	DBHIDS AAA Feedback
<p><u>Outcome #1:</u> <i>Counties experience a reduction in institutional placements.</i></p> <p><i>Partial List of Data Sources for all outcomes:</i> HCSIS Data Warehouse SAMS POMS STARS BHMCO Data QSR CFST IM4Q PAYS Survey Provider Monitoring County tracked data Docu-Share Reports Hornby Zeller report Child Abuse Report</p>	<ul style="list-style-type: none">• #/ % HCSIS reported incidents<ul style="list-style-type: none">○ I to I Abuse○ Restraints○ Psychiatric Hospitalizations○ Law Enforcement Activity• # Individuals receiving Behavioral Supports• # Individuals receiving Supplemental Habilitation• # Individuals receiving Additional Individualized Staffing• # of Positive Practice Review Team meetings held• # Health Care Quality Unit Consultations requested	<p>General Feedback (Outcomes 1 & 2):</p> <p>While DBHIDS collects data for most of the proposed ID indicators, many of the measures do not appear to be directly related to the achievement of Outcomes #1 or #2. E.g., provider compliance with ODP standards.</p> <p>Tracking performance related to this priority population is endorsed; however additional time is needed to collaboratively develop quantifiable measures corresponding to desired outcomes.</p>	<ul style="list-style-type: none">• #/% Living independently• # Utilizing Emergency Shelter• % with income above current Federal Poverty Guidelines• % who spend 30% or less of their income for rent• # residing more than two consecutive years in a State Hospital• #Admissions to State Hospital System per year• # Re-admissions to the State Hospital System per year• # Discharges from State Hospital per year• % voluntary hospitalizations is greater	<p>General Feedback (Outcomes 1 & 2):</p> <p>Indicators should be more specific to ensure consistent statewide reporting. e.g., how would information regarding 302 diversions be defined/collected?</p> <p>Based on the large scope of our local network and service population it would be difficult to gather self-report information required by some indicators.</p> <p>The following items should be considered for inclusion:</p> <ul style="list-style-type: none">○ Evidence Based service use○ Use of Peer Services○ Emphasis upon public health approaches & outcomes○ Indicators related to the diversion and post-release community	<ul style="list-style-type: none">• # Receiving out of home placement<ul style="list-style-type: none">○ Kinship Care○ Foster Care○ Community Res.○ Independent Living○ RFT○ Aging Out• Total days in care by setting (Kinship, Foster, Community, Residential, Supervised IL)• Safety: Exposure to threats of	<p>The following items should be considered for inclusion:</p> <ul style="list-style-type: none">○ Treatment Supported Foster Care○ Institutional levels of care○ Acute Inpatient Hospitalization○ Group Homes○ “Supervised Supportive” Independent Living (SSIL)○ Residential Treatment Facilities○ Aging Out “Reentering care prior to 21 under Act 91” <p>The following items should be considered for inclusion:</p> <ul style="list-style-type: none">○ Treatment Supported Foster Care○ Institutional Care○ SSIL	<ul style="list-style-type: none">• # Utilizing Recovery Specialist• # Arrests/incarcerations• # of assessments completed• # repeat assessments• # SAP consumers identifying as homeless• -CFST Responses• % report being asked to participate in service /	<p>Concern that this indicator may reinforce stigma</p> <p>Assessment expectations should vary by level of care</p> <p>Include tracking of assessments that produce inconsistent results.</p> <p>Based upon the National Survey on Drug Use and Health</p>	<ul style="list-style-type: none">• # of Older Adult Protective Services (OAPS) Cases• # of open AAA cases that are referred to Protective Services• # of Older Adults open at AAA who were referred to and opened by OAPS• # of reported Critical Incidents• # of successful transitions from nursing facilities• # of participants in the Aging Waiver program• #of participants in Options program• Consumer Satisfaction Survey responses on questions related to feeling safe in their environment.• # Emergency Shelter Days	<p>General Feedback/Concerns (Outcomes 1 & 2):</p> <p>Tracking performance related to this population is endorsed; however time is needed to collaboratively develop quantifiable measures corresponding to desired outcomes.</p> <p>Based on the expansive scope of our local network and service population it would be difficult to gather extensive self-report information required by some indicators.</p> <p>Gathering person specific, cross-system information also presents unique challenges in a large urban setting.</p>

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			than involuntary and corresponds with BHMCO’s averages for other counties <ul style="list-style-type: none">• % of re-admissions as reported by BHMCO• # incarcerations of target 1 & 2 groups• Follow-Up after Hospitalization rates – PA Specific (7 and 30 day counts)• # Crisis Service Contacts/ 302 Diversions per year• # of CHIPP initiatives implemented	integration of persons involved with the criminal justice system.	harm <ul style="list-style-type: none">• Risk to self and others• % Re-Abuse –Re-entry placement rate within 12 months• FAST/CANS assessment• # families utilizing Emergency Shelter		treatment planning & goal setting <ul style="list-style-type: none">• % report that services were provided on a timely manner• # Utilizing Emergency Shelter		utilized <ul style="list-style-type: none">• # of older adults accessing Family Caregiver Services• # of older adults utilizing the Emergent Services funding.• # of Active Consumers• # of Completed Level of Care Determinations• # of Level of Care Determination completed within 15 day time frame• # older adults on wait list• # receiving Home Delivered Meals• # of Guardianships	
<u>Outcome #2:</u> <i>Individuals/Families have</i>	<ul style="list-style-type: none">• # of individuals moved from Emergency PUNS to fully served.		<ul style="list-style-type: none">• # of Recovery – Focused services operating in County• % older adults		<ul style="list-style-type: none">• Reunification Rate –• Time to Reunification• # Closed		<ul style="list-style-type: none">• County maintains comprehensive service array		<ul style="list-style-type: none">• # older adults attending County Senior Centers• # RSVP volunteers	<ul style="list-style-type: none">•

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increased access to services within their communities.	<ul style="list-style-type: none"> -PUNS updated within 365 days # of individuals on emergency PUNS and length of time in this status % report getting services and supports that they need # Providers successfully completing all phases of Provider Monitoring Process # Providers meeting ODP qualification standards # individuals funded by ODP for Supported 	<p>It is recommended that this measure be eliminated. Compliance with this indicator does not correspond with increased access to community services.</p>	<ul style="list-style-type: none"> in county enrolled at BSU % receiving mental health services % report being asked to participate in service / treatment planning & goal setting % report that services were provided on a timely manner #of recovery – oriented mental health services available # available consumer-operated and consumer delivered services in County % report satisfaction with services and improved quality of life. % report that they knew that a choice of providers was available. Health Choices criteria for a 		<ul style="list-style-type: none"> cases per fy # of Service referrals # receiving FGDM Truancy Outreach, Triple P, MST, Housing 	<p>The following items should be considered for inclusion:</p> <ul style="list-style-type: none"> # receiving In-Home Protective Services % using Parent Café’s within the Community Umbrella Agencies (CUAs) % accessing behavioral health services % using Evidence-Based Child Treatment and Child Welfare Services % graduating high school % of families involved in treatment 	<ul style="list-style-type: none"> # evidence-based services operating in County -Results of provider monitoring reviews CFST Responses # referred to treatment / # funded by SCA # Evidence Based #Programs available # of collaborative prevention events # of evidence based # receiving treatment 	<p>Include services delivery or producing promising practices</p> <p>Per the ACA, tracking should not be limited to treatment. Referrals to community-based recovery focused support services, etc. should be included.</p> <p>Redundant with 2nd bullet in this section</p> <p>Consider revising to focus on the number of people who “complete” a given EBP</p>	<ul style="list-style-type: none"> # Ombudsman Volunteers # older adults participating in supports groups <ul style="list-style-type: none"> Grandparents raising Grandchildren Family Care Giver Support Group # Older Adults participating the Home and Community Habilitation Program # older adults, active in the AAA program, accessing RSVP out of county transportation Consumer Satisfaction Survey responses on questions related to community inclusion/ participation. 	

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	<div>Employment or Transitional Work</div> <div><ul style="list-style-type: none"># of individuals who report volunteering in their community.</div> <div>Housing Indicators-all</div> <div><u>Categoricals:</u></div> <div><ul style="list-style-type: none"># receiving Housing Case Management, Rental Assistance, Emergency Shelter Shelter Plus Care, HAP% in Poverty</div>		<div>choice of at least 2 providers for each service is met</div> <div><ul style="list-style-type: none"># attending community resources ie. Drop In Center# involved with County planning process; System of Care Committee; leadership on agency boardsCFST Results% report having meaningful activities% report they are accepted in their community# Employed FT/PT/ Volunteering</div>				<div><ul style="list-style-type: none"># participating in prevention services/ activities#receiving inpatient D&A services</div>	<div>Include Non-hospital D&A treatment</div>		